

THOMAS J. VILSACK  
GOVERNOR

SALLY J. PEDERSON  
LT. GOVERNOR

IOWA BOARD OF DENTAL EXAMINERS  
CONSTANCE L. PRICE, EXECUTIVE DIRECTOR

## NOTICE

### REQUIREMENTS TO ADMINISTER LOCAL ANESTHESIA

Iowa Administrative Code 650-11.7(147,153) authorizes a dental hygienist to administer local anesthesia provided the following requirements are met:

1. The dental hygienist holds a current local anesthesia permit issued by the Board of Dental Examiners.
2. The local anesthesia is prescribed by a licensed dentist.
3. The local anesthesia is administered under the direct supervision of the dentist. Direct supervision requires the supervising dentist to be present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

If you wish to administer local anesthesia in Iowa, you must meet the above requirements, make application for a local anesthesia permit, and hold a current permit in local anesthesia. Obtaining your dental hygiene license does not automatically qualify you to administer local anesthesia. The application for a local anesthesia permit requires the following:

1. A completed application form including an application fee of \$35.
2. Evidence that formal training in the administration of local anesthesia has been completed within 12 months of the date of the application. The formal training must be approved by the Board and conducted by a school accredited by the American Dental Association Commission on Dental Accreditation; or
3. If you currently practice local anesthesia out of state, evidence of completion of board-approved formal training in the administration of local anesthesia and documented evidence of ongoing practice in the administration of local anesthesia.

Enclosed for your convenience is an Application for Local Anesthesia Permit for dental hygienists and a list of local anesthesia courses approved by the Dental Hygiene Committee of the Iowa Board of Dental Examiners. If you have any questions concerning this application, approved courses, or the requirements, please contact our office at (515) 281-5157.

**IOWA BOARD OF DENTAL EXAMINERS  
APPROVED LOCAL ANESTHESIA COURSES**

**Arizona**

Northern Arizona University  
Phoenix Community College  
Pima Community College

**California**

Cerritos College  
Cypress College  
Fresno City College  
Loma Linda  
Pasadena City College  
Sacramento Community College  
Tart College  
UCLA (Continuing Ed Course Only)  
University of Southern California  
West Los Angeles College

**Colorado**

Colorado Northwestern CC  
Pueblo Community College  
Univ. of Colorado Health Sciences Ctr

**Idaho**

Idaho State University

**Iowa**

Des Moines Area Community College  
Hawkeye Community College  
Iowa Western Community College  
Kirkwood Community College  
University of Iowa College of Dentistry

**Illinois**

Carl Sandburg College  
Illinois Central College  
Lewis and Clark Community College

**Kansas**

Johnson Community College  
Rose State College  
Wichita State University

**Kentucky**

Western Kentucky University

**Minnesota**

Northwest Technical College  
Rochester Community Technical College  
University of Minnesota College of Dentistry

**Missouri**

University of Missouri-Kansas City

**Nebraska**

Central Community College - Hastings  
Creighton University School of Dentistry  
University of Nebraska Medical Center

**Nevada**

Community College of Southern Nevada

**New Mexico**

University of New Mexico

**Oklahoma**

University of Oklahoma

**Oregon**

Oregon Health Sciences University  
Oregon Institute of Technology  
Portland Community College

**South Dakota**

University of South Dakota

**Utah**

Weber State University

**Washington**

Clark College  
Eastern Washington University  
Pierce College  
Shoreline CC  
Yakima Valley CC

**Wisconsin**

Madison Area Technical College

**Wyoming**

Sheridan College



**Iowa Board of Dental Examiners**  
**APPLICATION FOR LOCAL ANESTHESIA PERMIT**

**IF YOU ARE APPLYING FOR A LOCAL ANESTHESIA PERMIT, THE FOLLOWING FORMS MUST BE COMPLETED IN THEIR ENTIRETY. THE APPLICATION FEE IS \$35.**

**Name in Full** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Other Last Names)

**Home Address** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code) (Home Phone) (Work Phone)

**Dental Hygiene School Granting Degree:** \_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Date of Graduation:** \_\_\_\_\_

**LOCAL ANESTHESIA TRAINING-IF DIFFERENT FROM ABOVE**

**Name of School** \_\_\_\_\_  
**If Different from above:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**If you are not a new graduate, please fill in your license number and expiration date.**

\_\_\_\_\_  
(Iowa Dental Hygiene License #) (Expiration Date)

**Type of Training Received: (Mark All That Apply)**

☐ Undergraduate (During Hygiene Training) \_\_\_\_\_  
(Name of School) (Year Graduated)  
**\*Please complete section "A" on the attached form when marking the "Undergraduate" box.\***

☐ Post Graduate (After Hygiene Training) \_\_\_\_\_  
(Name of School) (Date of Completion)  
**\*Please complete section "B" on the attached form when marking the "Post Graduate" box.\***

☐ I currently practice local anesthesia in the state of \_\_\_\_\_  
(State)  
**\*Please complete section "C" on the attached form when marking the "Currently practice" box.\***

**Please provide the name of the current dentist(s) who will be supervising your administration of local anesthesia, if applicable.**

**Name of current employer:** \_\_\_\_\_

**STATEMENT OF APPLICANT:**

I hereby certify that the above statements are true and accurate to the best of my knowledge.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF NOTARY PUBLIC:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTARY SEAL**



**IOWA BOARD OF DENTAL EXAMINERS**  
400 S.W. 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309-4687

## **SECTION A**

**TO BE COMPLETED BY DENTAL HYGIENE SCHOOL:**

### **CERTIFICATE OF COMPLETION OF LOCAL ANESTHESIA TRAINING**

I hereby certify that \_\_\_\_\_ has successfully  
(Applicant's Name)

completed a course in local anesthesia at \_\_\_\_\_  
(Name of School)

In \_\_\_\_\_  
(City) (State) (Zip Code) (Phone)

On \_\_\_\_\_.  
(Month/Day/Year)

This course included a clinical component requiring demonstration of clinical competence in delivery of maxillary and mandibular injections. \_\_\_\_\_ Yes \_\_\_\_\_ No

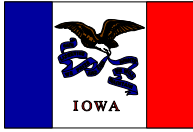
Signature of Dental Hygiene School Official \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type or Print Name \_\_\_\_\_



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**SECTION B**

**CERTIFICATE OF COMPLETION OF LOCAL ANESTHESIA TRAINING**

I hereby certify that \_\_\_\_\_ has successfully  
(Applicant's Name)  
completed a course in local anesthesia at \_\_\_\_\_  
(Name of School)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Phone)  
On \_\_\_\_\_. This course consisted of  
(Month/Day/Year)  
\_\_\_\_\_ and/or \_\_\_\_\_  
(# of hours) (# of days)

**A post-graduate course in local anesthesia training must be approved by the Iowa Board of Dental Examiners and must be provided by a teaching institution accredited by the Commission on Dental Accreditation of the American Dental Association. If the course taken was not prior approved by the Board, a certified copy of a course syllabus from the accredited institution must accompany the application.**

Signature of Course Instructor \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type or Print Name \_\_\_\_\_



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**SECTION C**

**STATEMENT OF MAINTAINING LOCAL ANESTHESIA SKILLS**

Please describe below your continuous administration of local anesthesia including dates, names of supervising dentists, etc.

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(Dentist Name)	(License Number)	(Date of Employment)
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(Address of Dentist)	(City)	(State/Zip)
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(Dentist Name)	(License Number)	(Date of Employment)
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(Address of Dentist)	(City)	(State/Zip)
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(Dentist Name)	(License Number)	(Date of Employment)
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(Address of Dentist)	(City)	(State/Zip)
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**I HEREBY CERTIFY THAT I HAVE MAINTAINED MY SKILLS IN THE ADMINISTRATION OF LOCAL ANESTHESIA.**

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Signature of Applicant